

OC-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Thomas Rudolf van Berkel

Sex M Date of Death Jan 10, 2006

Place of Death Southborough

Date of Birth Jan 11, 1926

Immediate Cause Carcinomatosis

Certifier Philip W. Kartoff M.D.

Permit Issued To Anthony Athy
Athy Memorial

Disposition At Saint John's Cem

Name of Facility Athy Memorial Home

Date Permit Issued Jan 13, 2006

OC-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent Thomas Rudolf van Berkel

If a U.S. War Veteran, specify what war, organization, etc.

United States Navy, WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat St. John's Cemetery
(Name of cemetery or crematory) (City/Town)on January 17, 2006Final Disposition Faith, 10, 58Certified by Robert V. Ackerman
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-02

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent William H. Baker Jr

Sex M Date of Death Feb 11, 2006

Place of Birth 34 Clifford St

Date of Birth May 16, 1924

Immediate Cause Chronic obstructive Lung Disease

Certifier Dr. Vincent Yoon M.D.

Permit Issued To Morris Funeral Home

Disposition At Rural Crematory

Name of Facility Morris Funeral Home

Date Permit Issued Feb 13, 2006

06-02

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough, Mass

Name of Decedent William H. Baker Jr

If a U.S. War Veteran, specify what war, organization, etc.

WW II - Navy

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Crematory
(Name of cemetery or crematory) (City or Town)FEB 15 2006 180 Grove Street
on Worcester, MA 01605

Final Disposition

Certified by John W. Cahill
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent NAMASSIYA DODDISex M Date of Death FEB. 16, 2006Place of Death 22 Southwood DriveDate of Birth AUG 1, 1944Immediate Cause METASTATIC PANCREATIC CANCERCertifier MICHAEL GOLDSTEIN M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At RURAL CREMATORY WORCESTER MAName of Facility MORRIS FUNERAL HOMEDate Permit Issued FEBRUARY 19 2006DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to JOHN CLERIC
(Office issuing permit)City or Town of Southborough MassName of Decedent NAMASSIYA DODDI

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Crematory
(Name of cemetery or crematory) 180 Grove Street
on FEB 21, 2006 Worcester, MA 01605

Final Disposition

Certified by John M. Cleric
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Donald M. CandlessSex M Date of Death Feb 28, 2006Place of Death Southboro MADate of Birth Nov 4 1948Immediate Cause GlioblastomaCertifier Patrick J. Wen M.D.Permit Issued To Arthur F. DouglassDisposition At Rural CemeteryName of Facility Douglass Fun HomeDate Permit Issued March 3, 2006

06-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed,

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Donald W. McCandlessIf a U.S. War Veteran, specify what war, organization, etc.
- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on March 4, 2006Final Disposition Sec. K, G/v. #10Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Franklin H. SpinnerSex M Date of Death March 5, 2006Place of Death Southborough MADate of Birth Sept 21, 1939Immediate Cause Pancreatic CancerCertifier Jane Blanco M.D.Permit Issued To David PickeringDisposition At Rural CemeteryName of Facility Rand-HarperDate Permit Issued March 7, 2006

06-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Franklin H. Spinner

If a U.S. War Veteran, specify what war, organization, etc.

Korean

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on March 9, 2006Final Disposition Sec. 1, Crypt #228 RtmCertified by David Pickering
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Laurence H. ClarkSex M Date of Death May 31, 2006Place of Death Southborough, MADate of Birth July 13, 1959Immediate Cause PendingCertifier Dr. Evans M.D.Permit Issued To Morris Funeral HomeDisposition At Rural CemeteryName of Facility Nancy MorrisDate Permit Issued June 5, 2006

06-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Southborough Mass.Name of Decedent Laurence H. Clark

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City or Town)

on June 6, 2006Final Disposition Section 1, Grv #125Certified by Robert C. Williams

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent

Kathleen Curtis

Sex

F

Date of Death

June 27, 2006

Place of
Death

Southborough

Date of
Birth

June 29, 1918

Immediate
Cause

CARDIOMYOPATHY

Certifier

Donald Love

M.D.

Permit

Issued To

Morris Funeral Home

Disposition

At

East Park Cemetery

West Frankfort, IL

Name of

Facility

Morris Funeral Home

Date Permit
Issued

June 28, 2006

06-09

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Cheong Chan

Name of Deceased

Soo Lien Yung

Age

81

years

months

days

Place of death

Southborough Ma

Date of death

August 23, 2006

Cause of death

Lung Cancer

Interment at

Forest Hills Cem.

Date permit issued

August 25, 2006

Certified by

James Howe

M.D.

06-09

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Soo Lien Yung

If a U. S. War Veteran, specify what war, organization, etc.

- - -

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

FOREST HILLS CEMETERY, BOSTON, MA

(Name of cemetery or crematory)

(City or town)

on

August 28, 2006

Certified by

James A. Wilson

(Signature of Superintendent of Cemetery or Crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 06-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Morris Funeral Home

Name of Deceased

Roderick M. MacNeill

Age

81

years

months

days

Place of death

Framingham, MA

Date of death

August 26, 2000

Cause of death

Carcinoma of Lung

Interment at

Rural Cemetery
Southboro, MA

Date permit issued

September 21, 2006

Certified by

H. Elliott Larson

M.D.

No. 06-10**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Roderick M. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery

(Name of cemetery or crematory)

Southborough, MA

(City or town)

on

September 26, 2006

Certified by

[Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 06-11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home

Name of Deceased Timothy J Norton

Age 45 years 0 months 0 days

Place of death Southborough Ma

Date of death October 1, 2000

Cause of death Cancer of Appendix

Interment at Rural Crematory

Date permit issued October 3, 2006

Certified by Matthew Kulke M.D.

No. OG-11

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

(Office issuing permit)

City or Town of Southborough, Mass.

Name of deceased Timothy S. Norton

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory
at 180 Grove Street

OCT 04 2006 Worcester, MA 01605

Certified by John W. Collins
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

06-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

MORRIS FUNERAL HOME

Name of Deceased

MARILYN E. BROOKS

Age

82

years

months

days

Place of death

SOUTHBOROUGH, MA

Date of death

Oct 3, 2006

Cause of death

Metastatic Lung Carcinoma

Interment at

Rural Crematory

Date permit issued

Oct 5, 2006

Certified by

VINAY KUMAR

M.D.

06-12

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk's Office

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

MARILYN E. BROOKS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crem.

at

180 Grove

(Name of cemetery or crematory)

(City or town)

Worcester

on

OCT 06 2006

Certified by

John D. Cobble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Received and filed in the Office of the Town Clerk Nov. 2, 2006 11:00am

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 06-12

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health for in towns where there is no Board of Health by the town clerk of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SOUTHBOROUGH

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

MORRIS FUNERAL HOME 40 MAIN ST. Southborough

(Name)

(Address)

for the removal from _____, and the interment

(To be filled out in case of removal)

at RURAL CEMETERY Cemetery in WORCESTER, of the

body of MARILYN E. BROOKS who died Oct 3, 2006

(Give full name of decedent)

(Month)

(Day)

(Year)

AGE 82 years, _____ months, _____ days.

Cause of death METASTATIC LUNG CARCINOMA

If a U. S. War Veteran, specify what war, organization, etc. _____

Residence at time of death 49 BOSTON RD. 4C Southborough

(Signature of Agent of Board of Health for, in towns where there is no

R-309

Paul J. Berry, Town Clerk

No. 06-12

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk's Office
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased MARILYN E. BROOKS

If a U. S. War Veteran, specify what war, organization, etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory officials)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms cremated remains

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

October 8, 2006
Sec. 3, Lot 28B, Grv #1A

Certified by Paul J. Berry
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

OC-13

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Leonora S. YrstonAge 87 years - months - daysPlace of death Southborough MADate of death November 6, 2006Cause of death Septic ShockInterment at Rural CemeteryDate permit issued Nov 8, 2006Certified by Paul J Wright M.D.

OC-13

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Leonora S. YrstonIf a U. S. War Veteran, specify what war, organization, etc.
- - -**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on November 10, 2006
Section M, Grave #135Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to MORRIS FUNERAL HOMEName of Deceased CATHERINE MACDONALDAge 83 years — months — daysPlace of death SOUTH BOROUGH, MADate of death Nov. 11, 2006Cause of death LUNG CANCERInterment at RURAL CEMETERYDate permit issued Nov. 14, 2006Certified by JOHN KRIKORIAN M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of deceased CATHERINE MACDONALDIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on November 15, 2006
Sec. 8 West, Lot 49, Grv #2Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 0615

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to BRITTON-SUMMERS FUNERAL HOME INC.

Name of Deceased MADDISON ROSEANNE WEBSTER

Age..... years..... months..... days ^{Preivable} _{fetus}

Place of death.....BOSTON, MA.....

Date of death.....Nov. 6, 2001.....

Cause of death.....PREVIABLE FETUS.....

Interment at RURAL CEMETERY, Smithboard, VA

Date permit issued Nov. 16, 2006

Certified by New England Medical Center M.D.

No.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK'S office
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased MAODAN ROSEANNE WEBSTER

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Luke's Westborough, MA
(Name of cemetery or crematory) (City or town)

on Nov. 16, 2006

Certified by (Rev.) George O. Lange
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2274.....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home

Name of Deceased Douglas Curtiss

Age 50 years 0 months - days

Place of death... Southborough MA

Date of death Nov. 12, 2006

Cause of death Leukemia

Interment at Rural Crematory

Date permit issued Nov. 20, 2006

Certified by Karen Ballen M.D.

No. 0070

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Douglas Cortess

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
 (Name of cemetery or crematory) 180 Grove Street (City or town)

(Name of cemetery or crematory)

(City or town)

on NOV 20 2006 Worcester, MA 01605

Certified by John H. Lohr
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Paul J. Berry
 Paul J. Berry, Town Clerk

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
 REGISTRY OF VITAL RECORDS AND STATISTICS

No. *OC-16*

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough Nov 20, 2006
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Ernest Morris Eunice Home
 (Name) (Address)

for the removal from _____, and the interment

at *Rural Crematory* Cemetery in *Worcester* of the

body of *Douglass Cortess* who died *Nov 12, 2006*
 (Give full name of deceased) (Month) (Day) (Year)

age *50* years, _____ months, _____ days.

Cause of death *Leukemia*

If a U. S. War Veteran, specify what war, organization, etc. _____

Residence at time of death *81 Mt Vickers Rd Southboro*

Paul J. Berry
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

R-309

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to *Town Clerk*
 (Office issuing permit)

City or Town of *Southborough* Mass.

Name of deceased *Douglass Cortess*

If a U. S. War Veteran, specify what war, organization, etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the *xx* cremated remains of the body accompanying this permit was disposed of in accordance with its terms

at *Rural Cemetery Southborough, MA*
 (Name of cemetery or crematory) (City or town)

on *July 18, 2007* Sec. *1*, Grv # *78A*

Certified by *[Signature]*
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

06-17

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

MORRIS FUNERAL HOME

Name of Deceased

Hugh T. McCann, Jr.

Age

72

years

months

days

Place of death

Southborough, MA

Date of death

Dec 7, 2006

Cause of death

Lower Gastrointestinal Bleed

Interment at

RURAL CEMETERY

Date permit issued

Dec. 11, 2006

Certified by

Dr. Richard Evans

M.D.

06-17

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk's Office

(Office issuing permit)

City or Town of

SOUTH BOROUGH

Mass.

Name of deceased

HUGH T. McCANN, JR.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Cemetery Southborough, MA

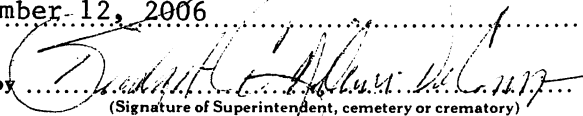
(Name of cemetery or crematory)

(City or town)

on

December 12, 2006

Certified by



(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to HENRY C Boyle III

Name of Deceased Joseph W. PETROWSKI

Age 88 years months days

Place of death Southborough

Date of death December 26 2006

Cause of death CARCINOMATOSIS

Interment at St Stephen's Cemetery

Date permit issued December 27 2006

Certified by Aelina A. Thornley M.D.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wayne F. Brasco Sr.....

Name of Deceased Jane E. Gottlieb.....

Age 49 years - months - days

Place of death Southborough Ma.....

Date of death Jan 4, 2007.....

Cause of death Pending.....

Interment at Mt Auburn Crematory.....

Date permit issued Jan 16, 2007.....

Certified by Elizabeth Bundock.....M.D.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 07-02

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough March 7 2007
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Morris Funeral Home 40 Main St
(Name) (Address)

for the removal from _____, and the interment

at Rural Crematory Cemetery in Worcester, of the

body of Peter I. Kallander who died March 6, 2007
(Give full name of deceased) (Month) (Day) (Year)

age 75 years, _____ months, _____ days.

Cause of death Metastatic Lung Cancer

If a U. S. War Veteran, specify what war, organization, etc. Korea

Residence at time of death 30 Meadow Ln Southboro MA

Paul J. Barry
(Signature of Agent of Board of Health, or in towns where there is no Board of Health, of Town Clerk)

No. 07-02

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Peter I. Kallander

If a U. S. War Veteran, specify what war, organization, etc.

Korean / Army

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on May 10, 2016

Certified by D. C. Gellman-Jacobs
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

07-02

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Morris Funeral Home

Name of Deceased

Peter I. Kalandier

Age

75

years

months

days

Place of death

Southborough Ma

Date of death

March 6, 2007

Cause of death

Metastatic Lung Cancer

Interment at

Rural Crematory

Date permit issued

March 7, 2007

Certified by

Sohn Krikorian M.D.

07-02

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Peter I. Kalandier

If a U. S. War Veteran, specify what war, organization, etc.

Korean / Army

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory

on

MAR 11 9 2007

(Name of cemetery or crematory, city or town)

180 Grove Street

Worcester, MA 01605

Certified by

John W. Coble

(signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-03

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Funeral

Name of Deceased Louis S. Bertozzi

Age 96 years - months - days

Place of death 66 Marlboro Rd

Date of death March 12, 2007

Cause of death Osteomyelitis

Interment at Rural Cemetery

Date permit issued March 15, 2007

Certified by Frank Chan M.D.

No. 07-03

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Louis S. Bertozzi

If a U. S. War Veteran, specify what war, organization, etc.
WW II

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on March 17, 2007

Certified by Sec. A, Lot 12, Grv#7

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Nancy Morris

Name of Deceased

James P. Chance

Age

70

years

months

days

Place of death

Southborough MA

Date of death

April 17, 2007

Cause of death

Metastatic Cancer

Interment at

Rural Crematory

Date permit issued

April 18, 2007

Certified by

Sennifer Tseng M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

James P. Chance

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

at

180 Grove Street

(Name of cemetery or crematory)

City or town)

Worcester, MA 01605

APR 24 2007

Certified by

John H. Cobelli

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-05

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Gail B. SchneiderAge 49 years --- months --- daysPlace of death Southborough MaDate of death At April 19 2007Cause of death CancerInterment at Rural CrematoryDate permit issued April 20 2007Certified by John Krikorian M.D.

No. 07-05

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Gail B. SchneiderIf a U. S. War Veteran, specify what war, organization, etc.
--- --**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) 180 Grove Street (City or town)
on APR 23 2007 Worcester, MA 01605Certified by John H. Cahill
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

07-06

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to MORRIS FUNERAL HOME

Name of Deceased VIRGINIA A. STONE

Age 88 years — months — days

Place of death Southborough, MA

Date of death April 20, 2007

Cause of death Metastatic breast cancer

Interment at RURAL CREMATORY

Date permit issued April 23, 2007

Certified by Edward Hoffer MD M.D.

07-06

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Virginia A. Stone

If a U. S. War Veteran, specify what war, organization, etc.
WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) 180 Grove Street (City or town)
on Apr 23, 2007 Worcester, MA 01605

Certified by John W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Received and filed in the Office of the Town Clerk May 15, 2007 12:00noon

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 07-06

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health for the town where there is no Board of Health by the town clerk of the city or town in which the death occurred AFTER the filing and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SOUTHBOROUGH

(City or town)

April 23, 2007

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

MORRIS FUNERAL HOME, 40 MAIN ST., SOUTHBOROUGH, MA

(Name)

(Address)

for the removal from

(To be filled out in case of removal)

, and the interment

at RURAL CEMETERY

Cemetery in WORCESTER, MA, of the

body of VIRGINIA A STONE

(Give full name of deceased)

who died

April 20, 2007

(Month)

(Day)

(Year)

age 88 years, _____ months, _____ days.

Cause of death METASTATIC BREAST CANCER

If a U. S. War Veteran, specify what war, organization, etc. WW II

Residence at time of death 42 MAIN ST., SOUTHBOROUGH, MA

(Signature of Agent of Board of Health, in towns where there is no Board of Health, of Town Clerk)

R-309

Paul J. Berry, Town Clerk

No. 07-06

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

TOWN CLERK

(Office issuing permit)

City or Town of

Southborough

Mass

Name of deceased

Virginia A. Stone

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body remains disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City or town)

on April 26, 2007

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-07

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to MORRIS FUNERAL HOME

Name of Deceased Thomas Francis Sullivan

Age.....63.....years.....-.....months.....-.....days

Place of death..... Southborough

Date of death May 21, 2007

Cause of death: Metastatic cancer of the Pancreas

Interment at RURAL CREMATORY
Worcester MA

Date permit issued MAY 21, 2007

Certified by John Krikorian M.D.

No. 07-07

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of deceased Thomas Francis Sullivan

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **Rural Crematory**
 MAY 23 2007 (Name of crematory or crematorium) **180 Grove Street** or town)
 on **Worcester, MA 01605**

Certified by John W. Coble
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-08

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to McKowest Funeral HomeName of Deceased JACK L. McCluskeyAge 91 years - months - daysPlace of death SouthboroughDate of death JUNE 2, 2007Cause of death Congestive Heart FailureInterment at DUXBURY CREMATORYDate permit issued JUNE 6, 2007Certified by Kimberly R. Buckman M.D.

No. 07-08

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S Office
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of deceased JACK L. McCLUSKEY

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Duxbury Crematory, Duxbury, Mass.
(Name of cemetery or crematory) (City or town)on JUN 12 2007Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT*This section to be returned immediately to the issuing City/Town, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Jack L. McCluskey

If a U.S. War Veteran, specify what war, organization, etc.

WWII**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Duxbury Crematory, Duxbury, MA
(Name of cemetery or crematory) (City or Town)on June 12, 2007
Rural Cemetery Sec. L, Grv #7AFinal Disposition Southborough, MA, 01772Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

07-09

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Richard S. Perlman
Sharon Memorial Park

Name of Deceased

Vivian B Morse

Age

53

years

months

days

Place of death

Southborough Ma

Date of death

June 21, 2007

Cause of death

Pending

Interment at

Sharon Memorial Park

Date permit issued

June 25, 2007

Certified by

Richard S. Evans M.D.

07-09

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Toon Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Vivian B Morse

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Sharon Mem Park Sharon 3010013

(Name of cemetery or crematory)

(City or town)

on

6/26/07

Certified by

S. Malencowski (H)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Fun HomeName of Deceased Lee W CatineauAge 75 years --- months --- daysPlace of death Southborough MaDate of death July 8, 2007Cause of death Cardiac ArrestInterment at Rural CemeteryDate permit issued July 10, 2007Certified by David Hatem M.D.

No. 07-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Lee W CatineauIf a U. S. War Veteran, specify what war, organization, etc.
---**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on July 7, 2007Certified by David C. Millington
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

MORRIS FUNERAL HOME

Name of Deceased

BARBARA NELSON

Age

77

years

months

days

Place of death

SOUTHBOROUGH

Date of death

JULY 17, 2007

Cause of death

Non Small cell Carcinoma
of Lung with CNS metastases

Interment at

RURAL CREMATORY

Date permit issued

JULY 18, 2007

Certified by

CHARLES ROSENBAUM

M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Barbara Nelson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Rural Crematory

180 Grove Street

on

JUL 19 2007

Worcester, MA 01605

(Name of cemetery or crematory) (City or town)

Certified by

John W. Cobble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



R-309

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 07-11

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SOUTHBOROUGH JULY 18 2007
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

MORRIS FUNERAL HOME, 40 MAIN ST. Southborough
(Name) (Address)

for the removal from _____, and the interment

at RURAL CREMATORY Cemetery in WORCESTER, of the

body of BARBARA NELSON who died JULY 17 2007
(Give full name of deceased) (Month) (Day) (Year)

age 77 years, _____ months, _____ days.

Cause of death LUNG CANCER

If a U. S. War Veteran, specify what war, organization, etc. None

Residence at time of death 246 CORDAUNE Rd

(Signature of Agent or Board of Health (or, in towns where there is no Board of Health, of Town Clerk)

R-309

No. 07-11

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Barbara Nelson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms cremated remains

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on July 21, 2007 Sec. 1-A, Lot F, Grv #18

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-12

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Morris Funeral HomeName of Deceased Frances A. BaconAge 70 years months daysPlace of death 8 Fiddlers LaneDate of death July 22, 2007Cause of death Pulmonary Hypertension w/
cardiomyopathyInterment at Rural Cemetery S.boroDate permit issued July 25, 2007Certified by Dr. Karen Cohen M.D.

No. 07-12

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frances A. BaconIf a U. S. War Veteran, specify what war, organization, etc.
ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA 01772
(Name of cemetery or crematory) (City or town)on July 26, 2007 Sec. H, Grv#142Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

07-13

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Henri E. Leblond

Name of Deceased

Paul Michael Mangiacotti

Age

56

years

months

days

Place of death

Southborough Ma

Date of death

August 20, 2007

Cause of death

Lung Cancer

Interment at

No Purchase Cem

Date permit issued

Aug. 22, 2007

Certified by

Dr. Timothy S. Ernst M.D.

07-13

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Paul Michael Mangiacotti

If a U. S. War Veteran, specify what war, organization, etc.

- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Woodlawn N. Purchase Cemetery, Attleboro

(Name of cemetery or crematory)

(City or town)

on

August 24, 2007

Certified by

Generation

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to MORRIS FUNERAL HOME

Name of Deceased WILLIAM GARFIELD BINDER, JR.

Age 86 years - months - days

Place of death SOUTHBOROUGH

Date of death SEPT. 8, 2007

Cause of death HEART DISEASE

Interment at RURAL, Southborough MA

Date permit issued Sept. 10, 2007

Certified by NINAD SAMANT M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to TOWN CLERK
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased William G. BINDER, JR.

If a U. S. War Veteran, specify what war, organization, etc.
WW II

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on September 12, 2007 Dec. 2, Lat. 10, 2007

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to JOHN EVERETT + SONS, IncName of Deceased Stephen P. GriffeyAge 53 years — months — daysPlace of death SOUTHBOROUGH, MADate of death Nov. 8, 2007Cause of death Respiratory ArrestInterment at Rural Cemetery, Southborough MADate permit issued Nov. 9, 2007Certified by Julia Gallagher M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk's Office
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Stephen P. GriffeyIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA 01772
(Name of cemetery or crematory) (City or town)on November 13, 2007Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No.

08-01

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health for in towns where there is no Board of Health by the town clerk of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southboro Feb 27, 2008 19.....
(City or town) (Date)

A satisfactory certificate of death having been filed/permission is hereby given to

Morris Funeral Home 40 Main St
(Name) (Address)

for the removal from 15 Cissard St and the interment

Rural Crematory Cemetery in Worcester of the

body of William North Davis Jr Feb 26, 2008 19.....
(Give full name of deceased) (Month) (Day) (Year)

age 89 years, months, days.

Cause of death Ischemic Cardiomyopathy

If a U. S. War Veteran, specify what war, organization, etc. WWII II

Residence at time of death Southborough MA

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

08-01

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

William North Davis Jr

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

cremated remains

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City or town)

on July 5, 2008

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-01

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Morris Funeral Home

Name of Deceased

William North Davis Jr

Age 89 years months days

Place of death

Southborough Ma

Date of death

Feb 26, 2008

Cause of death

Ischemic Cardio myopathy

Interment at

Rural Crematory

Date permit issued

Feb 27, 2008

Certified by

David Levitin M.D.

08-01

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

William North Davis Jr

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory
180 Grove Street
(Name of cemetery or crematory) (City or town)

on

Worcester, MA 01005

Certified by

John W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-02

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Metrocast Fun Home
Edgell Grove Cem

Name of Deceased

Gerald L Smith MD

Age

70

years

months

days

Place of death

Southboro Ma

Date of death

March 1, 2008

Cause of death

Resp Arrest

Interment at

Edgell Grove Cem

Date permit issued

March 4, 2008

Certified by

Shahraz Montague M.D.

08-02

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Gerald L Smith MD

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

EDGEHILL GROVE

FRAMINGHAM

(Name of cemetery or crematory)

(City or town)

on

MAR. 4, 2008

Certified by

Kevin T. Berlin (Sps)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Raul Harper, Westboro

Name of Deceased

William R. Robinson

Age

77

years

months

days

Place of death

Southborough MA

Date of death

Feb. 20, 2008

Cause of death

Lung Cancer/COPD

Interment at

Rural Cemetery

Date permit issued

March 4, 2008

Certified by

Prashantha Holla

M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Hall

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Town Clerk

If a U. S. War Veteran, specify what war, organization, etc.

Korea

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, MA

(Name of cemetery or crematory)

(City or town)

on March 8, 2008

Certified by

Teresa C. Williams, D. Corp.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-04

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to BENJAMIN J. BRODEUR, JR.
CONWAY, CAHILL-BRODEUR FH, Peabody
 Name of Deceased JEFFERY A. SPARKAS

Age 48 years - months - days

Place of death SOUTHBOROUGH

Date of death MARCH 12, 2008

Cause of death ACUTE RUPTURED MYOCARDIAL INFARCTION

Interment at CEDAR GROVE CEMETERY

Date permit issued MARCH 14, 2008

Certified by RICHARD EVANS M.D.

No. 08-04

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to TOWN CLERK'S OFFICE
 (Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of deceased JEFFERY A. SPARKAS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at CEDAR GROVE CEMETERY, PEABODY, MA 01960
 (Name of cemetery or crematory) (City or town)

on MARCH 17, 2008
LOT 91, SEC. H - AZALEA AVE

Certified by Daryl Esman
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-05

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to SHORT & SON F.H.Name of Deceased Philip C. BealsAge 88 years — months — daysPlace of death SOUTHBOROUGHDate of death MARCH 30, 2008Cause of death ASPIRATION PNEUMONITISInterment at ALL FAITHS CREMATORYDate permit issued APRIL 1, 2008Certified by DANIEL MASSARELLI M.D.

08-05

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S OFFICE
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased PHILIP C. BEALS

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at All Faiths Crematory Winchester
(Name of cemetery or crematory) (City or town)on 4/3/08Certified by Therese P. M. O'Leary
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-07

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Matarese Funeral Home

Name of Deceased

Marcello F. Mallegni

Age

83

years

months

days

Place of death

Southborough Ma

Date of death

May 17, 2008

Cause of death

Atherosclerotic Heart Disease

Interment at

Rural Cemetery

Date permit issued

May 19, 2008

Certified by

Ernesto J. Jose

M.D.

08-07

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Marcello F. Mallegni

If a U. S. War Veteran, specify what war, organization, etc.

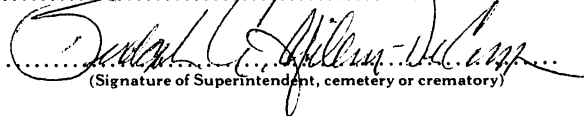
ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ...Rural Cemetery.....Southborough, MA 01772
(Name of cemetery or crematory) (City or town)

on May 20, 2008 Sec. 6, Lot 27C, Grv#1

Certified by



(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-08

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to CALLANAN F.H.Name of Deceased William J. SURETTEAge 80 years - months - daysPlace of death SOUTH BOROUGHDate of death JUNE 2, 2008Cause of death Staphylococcus aureus
bacteremiaInterment at Evergreen Cemetery
Hopkinton MADate permit issued JUNE 4, 2008Certified by CHARLES ROSENBAUM M.D.

08-08

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of Southborough Mass.Name of deceased William J. Surette

If a U. S. War Veteran, specify what war, organization, etc.

YES ARMY PFC KOREA

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat EVERGREEN CEMETERY Hopkinton MA.
(Name of cemetery or crematory) (City or town)on June 5th 2008Certified by Charles W. More
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-09

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to MILES FUNERAL HOME

Name of Deceased CHIA LUNG WU

Age 74 years - months - days

Place of death SOUTHBOROUGH

Date of death JUNE 3, 2008

Cause of death PARKINSON'S DISEASE

Interment at RURAL CREMATORY
Worcester, MA

Date permit issued JUNE 5, 2008

Certified by Melissa Rathmell M.D.

R-309-01

No. 08-09

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately to the issuing City/Town, properly endorsed*
to Southborough Town Clerk's Office
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Chia Lung Wu

If a U.S. War Veteran, specify what war, organization, etc.

no

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Crematory
(Name of cemetery or crematory) (City/Town)
on JUN 10 2008 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by John H. Cahill
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Ann D. LeavittAge 76 years -- months -- daysPlace of death 24 Main St SouthboroDate of death August 19, 2008Cause of death Pancreatic CancerInterment at Rural CemeteryDate permit issued August 22, 2008Certified by Michael Goldstein M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ann D. LeavittIf a U. S. War Veteran, specify what war, organization, etc.
-- --**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory AUG 27 2008
180 Grove St (City or town)
on Worcester, MA 01605Certified by John H. Cobble
Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Harold StiversAge 79 years - months - daysPlace of death Southborough MaDate of death Sept 5 2008Cause of death Cardiac ArrestInterment at Rural CemeteryDate permit issued Sept 17, 2008Certified by John B. Parker M.D.

08-11

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Harold StiversIf a U. S. War Veteran, specify what war, organization, etc.
- - -**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, Ma
(Name of cemetery or crematory) (City or town)on September 17, 2008Certified by Dianna C. Gillman
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

TIGHE-HAMILTON FUNERAL HOME

Name of Deceased

STANLEY P. STANECHIEWSKI

Age

79

years

months

days

Place of death

SOUTH BOROUGH, MA

Date of death

SEPT. 13, 2008

Cause of death

LUNG CANCER

Interment at

St. Michael Cemetery, Hudson MA

Date permit issued

Sept. 17, 2008

Certified by

CHRISTIAN POTTER

M.D.

08-12

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

TOWN CLERK

(Office issuing permit)

City or Town of

SOUTH BOROUGH

Mass.

Name of deceased

STANLEY P. STANECHIEWSKI

If a U. S. War Veteran, specify what war, organization, etc.

KOREA US NAVY

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

St. Michael's Cemetery

(Name of cemetery or crematory)

(City or town)

on

9-18-08

Certified by

Arnold M. Calhoun

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home

Name of Deceased Matilda A. Cruciani

Age 93 years - months - days

Place of death Southborough

Date of death Sept 21, 2008

Cause of death Senile Dementia

Interment at Rural Cem Southboro

Date permit issued Sept 23, 2008

Certified by David Levitin M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Matilda A. Cruciani

If a U. S. War Veteran, specify what war, organization, etc.
- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, Mass.
(Name of cemetery or crematory) (City or town)

on September 25, 2008

Certified by David H. Hillery
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-14

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

John Everett & Sons

Name of Deceased

Paul M. Polk

Age

59

years

months

days

Place of death

Southborough
Lung Cancer

Date of death

Oct. 26, 2008

Cause of death

Lung Cancer

Interment at

Newton Crematory

Date permit issued

Oct 29 2008

Certified by

Ponos Fidias M.D.

08-14

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk
(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Paula M. Polk

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Newton Crematory, Newton, MA
(Name of cemetery or crematory) (City or town)

on October 31, 2008

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No.

08-15

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough Nov 4 2008
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Morris Funeral Home 40 Main St
(Name) (Address) Southboro

for the removal from _____, and the interment

Rural Crematory Cemetery in Worcester, of the
(To be filled out in case of removal)

body of Donald L. Hart Sr. who died Nov 3, 2008
(Give full name of deceased) (Month) (Day) (Year)

age 85 years, _____ months, _____ days.

Cause of death End Stage Renal Disease

If a U. S. War Veteran, specify what war, organization, etc. WW II

Residence at time of death 252 Boston Rd Southboro

(Signature of Agent of Board of Health, or, in town where there is no Board of Health, of Town)

08-15

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Donald L. Hart Sr.

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the ~~body~~ cremated remains accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on November 5, 2010

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

MORRISTUNERAL HOME

Name of Deceased

DONALD L. HART SR

Age

85

years

months

days

Place of death

252 BOSTON RD

Date of death

NOV. 3, 2008

Cause of death

END STAGES RENAL DISEASE

Interment at

RURAL CREMATORY

Date permit issued

NOV. 4, 2008

Certified by

ALAN JACKSON

M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Donald L Hart Sr

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory

(Name of cemetery or crematory)

180 Grove Street

(City or town)

on

NOV 05 2008

Worcester, MA 01605

Certified by

John H. Cahill

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-16

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

NORTON FUNERAL HOME, Inc.

Name of Deceased

JOHN PATRICK HANLEY

Age

55

years

months

days

Place of death

SOUTH BOROUGH

Date of death

Oct. 27, 2008

Cause of death

METASTATIC CANCER OF
OROPHARYNGEAL ORIGIN

Interment at

St. Stephen Cemetery

Date permit issued

Oct. 31, 2008

Certified by

JOHN R. CLARK

M.D.

08-16

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

TOWN CLERK

(Office issuing permit)

City or Town of

SOUTH BOROUGH

Mass.

Name of deceased

JOHN PATRICK HANLEY

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

St. Stephen Cemetery

(Name of cemetery or crematory)

(City or town)

on

10/31/2008 New Green #756 off 6

Certified by

Robert D. D'Amico

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-18

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

MORRIS Funeral Home

Name of Deceased

Christopher D. Kendall

Age

55

years

months

days

Place of death

1 Independence Dr. Sbor

Date of death

Nov. 15, 2008

Cause of death

Cancer

Interment at

Rural Crematory
Worcester

Date permit issued

Nov 17, 2008

Certified by

Steven Grossman

M.D.

08-18

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Joux Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Christopher D. Kendall

If a U. S. War Veteran, specify what war, organization, etc.

U.S. NAVY

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory

(Name of cemetery or crematory)

(City or town)

on

NOV 18 2008

180 Grove Street

Worcester, MA 01605

Certified by

John W. Cahill

(Signature of Superintendent, cemetery or crematory)

If there is no office in charge, undertaker should sign and return this stub.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 08-19

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough Nov 24, 2008
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Ronald H. Carr Morris Fun Home
(Name) (Address)

for the removal from _____, and the interment

at Rural Crematory Cemetery in Worcester, of the

body of Ronald H. Campbell who died Nov 22, 2008
(Give full name of deceased) (Month) (Day) (Year)

age 75 years, _____ months, _____ days.

Cause of death Metastatic Esophageal Cancer

If a U. S. War Veteran, specify what war, organization, etc. _____

Residence at time of death Southborough Ma

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 08-19

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Ronald H. Campbell

If a U. S. War Veteran, specify what war, organization, etc.
- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body cremated remains
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA 01772
(Name of cemetery or crematory) (City or town)

on March 18, 2016

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-19

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Morris Funeral Home

Name of Deceased

Ronald H. Campbell

Age

75

years

months

days

Place of death

Southborough Ma

Date of death

Esophageal Carcinoma

Cause of death

Nov 22, 2008

Interment at

Rural Crematory

Date permit issued

Nov 24, 2008

Certified by

Vinay Kumar

M.D.

08-19

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Ronald H. Campbell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory

(Name of cemetery or crematory)

180 Grove Street

(City or town)

on

NOV 25 2008

Worcester, MA 01605

Certified by

John H. Cohen

(Signature of Superintendent, Cemetery, or Crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-20

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Kevin F. Connelly

If a U. S. War Veteran, specify what war, organization, etc.

- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

St. Joseph Cemetery Fairhaven

(Name of cemetery or crematory)

(City or town)

on

Jan. 9, 2009

Certified by

Michael J. Perry

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-20

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

5 Battery Funeral Home

Name of Deceased

Kevin F. Connolly

Age

50

years

months

days

Place of death

Southboro Ma

Date of death

Dec 13, 2008

Cause of death

Pending

Interment at

Rural Crematory

Date permit issued

Dec 17, 2008

Certified by

Peter Cummings

M.D.

08-20

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Kevin F. Connolly

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

DEC 19 2008

Rural Crematory

Name of cemetery or crematory

180 Grove Street

(City or town)

on

Worcester, MA 01606

Certified by

John A. Coble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Maryanne HoneName of Deceased Robert M. KileyAge 80 years.....months.....daysPlace of death 96 Edgewood Rd 2boroDate of death Dec 30, 2008Cause of death Metastatic melanomaInterment at Rural CemeteryDate permit issued Jan 2, 2009Certified by Kathryn Edmiston.....M.D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southboro.....Mass.Name of deceased Robert M. KileyIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on January 3, 2009Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-02

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Maui's Funeral HomeName of Deceased ROSE B. GladwinAge 89 years - months - daysPlace of death SouthboroughDate of death Feb. 11, 2009Cause of death Heart DiseaseInterment at Rural CrematoryDate permit issued Feb. 12, 2009Certified by KATYA DIVAR. M.D.

No. 09-02

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk's Office
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of deceased ROSE B. GladwinIf a U. S. War Veteran, specify what war, organization, etc.
ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) 180 Grove Street City or town)
on FEB 16 2009 Worcester, MA 01605Certified by John H. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

09-03

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

MORRIS FUNERAL HOME

Name of Deceased

MARA RACENIS

Age

76

years

months

days

Place of death

SOUTH BOROUGH

Date of death

MARCH 19, 2009

Cause of death

HYPERTENSION

CARDIOVASCULAR DISEASE

Interment at

RURAL CREMATORY

WORCESTER

Date permit issued

MAR 23, 2009

Certified by

CHARLES H. WEISS

M.D.

09-03

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

TOWN CLERK'S OFFICE

(Office issuing permit)

City or Town of

SOUTH BOROUGH

Mass.

Name of deceased

MARA RACENIS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Crematory

(Name of cemetery or crematory)

(City or town)

on

March 23, 2009

180 Grove Street
Worcester, MA 01605

Certified by

John H. Coble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to JOHN EVERETT & SONS
FUNERAL HOME
 Name of Deceased WALTER ALBERT SEAYER, JR
 Age 49 years — months — days
 Place of death 50 TURNPIKE RD
SOUTH BROUGH
 Date of death MARCH 24, 2009
 Cause of death PENDING
 Interment at NEWTON CREMATORY
 Date permit issued MAR. 26, 2009
 Certified by RICHARD EVANS M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK'S
 (Office issuing permit)
 City or Town of Southborough Mass.
 Name of deceased WALTER ALBERT SEAYER, JR
 If a U. S. War Veteran, specify what war, organization, etc.
—

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
 disposed of in accordance with its terms

at Newton Crematory, Newton, MA
 (Name of cemetery or crematory) (City or town)
 on March 31, 2009

Certified by [Signature]
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Matarese Funeral

Name of Deceased

Denise Ann Nicholson

Age

52

years

months

days

Place of death

15 Pleasant Southborough

Date of death

March 27, 2009

Cause of death

Pancreatic Cancer

Interment at

Rural Crematory

Date permit issued

March 30, 2009

Certified by

Kala See Ikaraman M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Denise Ann Nicholson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

APR 01 2009

Rural Crematory

(Name of cemetery or crematory)

180 Grove Street

(City or town)

Worcester, MA 01500

on

Certified by

John H. Cobell

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 09-05

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough March 30, 2009
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Matarsse Funeral Home Ashland Ma
(Name) (Address)

for the removal from _____, and the interment

at Rural Crematory (To be filled out in case of removal) Cemetery in Worcester, of the

body of Denise Ann Nicholson who died March 27, 2009

(Give full name of deceased) (Month) (Day) (Year)

age 52 years, _____ months, _____ days.

Cause of death Metastatic Pancreatic Cancer

If a U. S. War Veteran, specify what war, organization, etc. _____

Residence at time of death 15 Pheasant St Southboro MA

Paul J. Bay
(Signature of Agent of Board of Health, in towns where there is no Board of Health, of Town Clerk)

No. 09-05

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Denise Ann Nicholson

If a U. S. War Veteran, specify what war, organization, etc. _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the ~~body~~ cremated remains disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on April 5, 2009 in Grv. 25A of Sec. L

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Morris Funeral Home

Name of Deceased

Frank Ralph Locke Jr

Age

75

years

months

days

Place of death

Southborough, Ma

Date of death

June 15, 2009

Cause of death

Bladder Cancer

Interment at

Rural Cem Southboro

Date permit issued

June 16, 2009

Certified by

Jonathan Croppnick M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Frank Ralph Locke Jr

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

at

180 Grove Street

(Name of cemetery or crematory)

(City or town)

on

JUN 17 2009

Worcester, MA 01605

Certified by

John H. Cobble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS



No. 09-08

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough June 16 2009
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Morris Funeral Home 40 Main St Southboro
(Name) (Address)

for the removal from _____ and the interment

at Rural Crematory Cemetery in Southboro, of the

body of Frank Ralph Locke Jr. who died June 15 2009
(Give full name of deceased) (Month) (Day) (Year)

age 75 years, months, days.

Cause of death Bladder Cancer

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death -- -- 2 Walker St Southboro

(Signature of Agent of Board of Health, or in towns where there is no Board of Health, of Town Clerk)

No. 09-08

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Frank Ralph Locke Jr.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the cremated remains
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on June 25, 2009

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

08-06

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Metrowest Funeral Home

Name of Deceased

Robert S Braccio

Age 84 years - months - days

Place of death

Southboro MA

Date of death

May 10, 2009

Cause of death

COPD

Interment at

Edgell Grove Cem

Date permit issued

May 14, 2009

Certified by

Sharon Eupper

M.D.

09-06

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

Robert S Braccio

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Edgell Grove Framingham
(Name of cemetery or crematory) (City or town)

on

Certified by

Robert Lord

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No

09-07

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Chesmore Funeral Home

Name of Deceased Herbert Chin

Age.....59.....years.....months.....days

Place of death.....Southborough.....

Date of death.....MAY 22, 2009.....

Cause of death.....Cerebral Vascular Accident

Interment at Farrest Hills Cemetery
Boston, MA

Date permit issued MAY 26, 2009

Certified by TAMMY C. HARRIS M.D.

No

09-07

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Herbert Chin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at **FOREST HILLS CEMETERY, BOSTON, MA**

(Name of cemetery or crematory) (City or town)
on May 27, 2009
Certified by Mitchell S. Zelenowich
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 0101

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to MORRIS FUNERAL HOME

Name of Deceased DOROTHY A. CROWIN

Age.....71.....years.....months.....days

Place of death.....Saffilborough, MA

Date of death..... June 21, 2009

Cause of death.....Pulmonary Hypertension.....

Interment at Rural Cemetery, Southborough

Date permit issued June 23 2009

Certified by MATTHEW BEAN.....M.D.

No.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK'S OFFICE
(Office issuing permit).

City or Town of Southborough.....Mass.

Name of deceased DOROTHY A. CRONIN

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery.....Southborough, MA.....
(Name of cemetery or crematory) (City or town)

on June 26, 2009

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 09-10

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough Nov 16 2009
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Henry C. Boyle 113 Union Ave Fram Ma
(Name) (Address)

for the removal from _____, and the interment
(To be filled out in case of removal)

at Newton Crematory Cemetery in Newton, of the

body of John C. Haughey who died Nov 13 2009
(Give full name of deceased) (Month) (Day) (Year)

age 78 years, 6 months, 6 days.

Cause of death Metastatic Carcinoma Prostate

If a U. S. War Veteran, specify what war, organization, etc. Korean Southboro

Residence at time of death 48 William Outhart Rd Ma

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 09-10

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased John C. Haughey

If a U. S. War Veteran, specify what war, organization, etc:

Korean

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Newton Crematory Newton
at EDGEHILL GROVE
(Name of cemetery or crematory) (City or town)

on November 18, 2009
NOVEMBER 21, 2009 - LOT # 5341

Certified by K. Kevin T. Seaborn
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass.

Name of deceased

John C. Haughey

If a U. S. War Veteran, specify what war, organization, etc.

Korean

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Newton Crematory Newton

at EDGELL GROVE

(Name of cemetery or crematory)

(City or town)

on November 18, 2009

NOVEMBER 21, 2009 - LOT # 5341

Certified by

K. Kevin T. Devlin (Signature)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

C9 10
No.**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Bayle Bros. Funeral Home

Name of Deceased

John C. Haughey

Age

78

years

months

days

Place of death

Southboro 78 William
on that

Date of death

Nov 13, 2009

Cause of death

Metastatic Carcinoma

Interment at

Prostate
Newton Crematory

Date permit issued

Nov 16, 2009

Certified by

Bart Alfano

M.D.

09-10
No.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

John C. Haughey

If a U. S. War Veteran, specify what war, organization, etc

Korean

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

Newton Crematory Newton

at

(Name of cemetery or crematory)

(City or town)

on

November 18, 2009

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.